

VIP/DMORT Program

Tracking Form

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To be attached to the front of each Disaster Victim Packet

PM Case #

| Body Bag # | | | | Pres | | sumptive DOB | |
|-------------------------------------|------------|------|-----|---|---|-------------------------------|--|
| Open Field # | | | | 33N | | DOB | |
| RFID# | | | | Li | ast Name | First Name | |
| Person performing s "No" represe | | | | gn below when cor I not be performed | | | |
| Processing | | | | Section Rep. | - | Date of Pathology Exam | |
| Admitting | O Yes | ○ No | | | | | |
| Personal Effects | O Yes | ○ No | | | | Trackers Name | |
| Photography | O Yes | ○ No | | | | | |
| Body Radiography | O Yes | ○ No | | | | After Processing Location | |
| Fingerprints | O Yes | ○No | | | | - | |
| Anthropology | O Yes | ○ No | | | | | |
| Pathology | O Yes | ○ No | | | | Identification Method | |
| Embalming | O Yes O No | | | | ☐ Anthropology☐ Radiographic | | |
| DNA | | ○ No | | | | ☐ Dental Records | |
| Dental Examination | O Yes | ○ No | | | | ☐ Fingerprints ☐ Pathology | |
| Dental Photography | O Yes | O No | | | | ☐ Personal Effects | |
| Dental Radiology | O Yes | _ | | | | ☐ Photography ☐ DNA | |
| Exit Morgue | O Yes | ONo | | | | ☐ Field Case Notes | |
| | | | Con | nments | | | |
| | | | | | | | |
| This bag produced bag #'s: Number o | | | | Photo's A f Dental Photos | | lso included in this file: | |
| | Numb | | | ects Photos [| | | |
| Created | | | | | PM | Info# | |